FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

_ v ·	•										
OMB AP	OMB APPROVAL										
OMB Number:	3235-0076										
Expires:	May 31, 2005										
Estimated ave	rage burden										

Expires: May 31, 2005								
OMB Number:	3235-0076							
Expires:	May 31, 2005							
Estimated avera	ige burden							
hours per respor	nse16.00							

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Prefix		Serial
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Citironal Dianted Off English Exemi	111711	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)		
	D HOE	S SECFINED AND
Type of Filing: M New Filing Amendment	I THE PERSON	NG.
		140 10 11 200 5 3
A, BASIC IDENTIFICATION DATA	100	17110 0 12 -
Table Development Corporations Rule 504 Rule 505 Rule 506 Section 4(6) ULOE		
Name of Issuer [] check if this is an amendment and name has changed, and indicate change.)	W.	179/49/
Idaho Development Corporation		
Address of Executive Offices (Number and Street, City, State, Zip Code)		nber (Including Area Code)
12320 W. OLDham Ct, Boise Id 83709		45-088B
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Nu	inber (Including Area Code)
Brief Description of Business	0	-BOOFCCEN
REAL ESTATE		PROCESSED
Type of Business Organization		MAR 0 7 2005
	case specify):	MAR O 1 LOUS
	·	THOMELA
	inted	FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:		•
CN for Canada; FN for other foreign jurisdiction)		
GENERAL INSTRUCTIONS		·
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	r Section 4(6), 17 (CFR 230.501 et seq. or 15 U.S.C.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any cop	ies not manually signed must be
Filing Fee: There is no federal filing fee.		
State:		
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Saare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for	ecurities Adminis the exemption, a	strator in each state where sales fee in the proper amount shall
ATTENTION		
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unless.		

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

filing of a federal notice.

1019



A: BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 	F 10% or more of	a class of conity scentities of the issu
Each executive officer and director of corporate issuers and of corporate general and management of the control of the corporate general and management of the corporate general and the corporate general and general and general and general an		
Each general and managing partner of partnership issuers.	Sing partners or i	minorally issues, and
	Director	General and/or Managing Partner
Trugher, David Full Name Y. ast name first, if individual)		
•		
12320 OLD HAM CT Boise 10 8370 Business or Residence Address (Number and Street, City, State, Zip Code)		
Business of Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter R Beneficial Owner Bxecutive Officer	Director	General and/or
	LA	Managing Partner
Taucher, Shannon Full Name (Last name first, if individual)		
	į	
12320 OU HAM CT, BUISE 1D 83709 Business of Residence Address (Number and Steet, City, State, Zip Code) Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer		
	Director	General and/or Managing Partner
Full Name (Last name first (Findividual)		
	0:	26 51
Business or Residence Address (Number and Street, City, State, Kip Code) Tolal	no 83	2621
musiness of Residence Address (Number and Street, City, State, 77p Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
,	M. meeto.	Managing Partner
Grenz, GAIL Full Name (Last name first, if individual)		
LAIG F. Greeninger Alonger T	dula	83651
Business or Residence Address (Number and Street, City, State, Zip Code)	04-10	
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
•		Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Parmer
		Managing 1 at thei
Full Name (f.ast name first, if individual)		
Deliver Deliver District Office (Co. 1)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
Check nodes) that Apply. Promotes Beneficial Owner Bixecutive Officer		Managing Partner
Full Name (Last name first, if individual)		
Can't four man next it marriagn)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

					B. 1	VE()#MAT	ION ABOU	T OFFERI	86				
1. Ha	s the	isener sala	i, or does th	ne issuer in	niend to se	ll to non-a	ccredited i	nvestors in	this after	ina?		Yes	No (Sa
	,	indet wire	z, or coca n			Appendix				_	***************************************		Z
2. Wi	nat is	the minim	um investm					_				\$ 2,	499
												Yes	No
3. Do	es the	offering	permit joint	Lownershi	pofasing	le unit?	*****************	*************	****************				Æ
cor Tra or s	nmiss i perse states,	ion or sim in to be lis , list the na	tion request ilar remune ted is an ass ame of the b you may so	ration for s sociated pe roker or de	solicitation erson or ago calor. If mo	of purchase ent of a brok ore than five	ers in conne ter or deale c (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state	:	
			first, if indi	vidual)									
	NA		Address (N	b	I Company Co	in Casta 7	Sm. Ca. Ash						
			Address (N	umoer and	i Sireel, Ci	ity, State, 2	ap Code)						
Name o	f Ass	ociated Br	oker or Dea	aler							· · · · · ·		
	NP			· · · · · · · · · · · · · · · · · · ·							·		
			Listed Has										
(Cl	neck '	'All States	or check	individual	States)		***************************************					☐ Al	1 States
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Nusines		Restuence	: Address (r	vumber an	a sireet, C	ity, State, i	mp Coue)						
	ΓAss	nciated Br	oker or De	aler									
States i	n Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(CI	ieck .	All States	s" or check	individual	States)							Al	l States
M M R NA		IN NE SC	AZ IA NV SD	AR KS NU TN	CA KY NJ TY	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL M1 OII WV	GA MN OK WI	MS OR WY	MO PA PR
		ast name	first, if indi	vidual)									
Busines	S or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
N			(
	f Ass	ociated Br	oker or De	aler									
		ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Cl	heck '	All States	s" or check	individual	States)							☐ Al	1 States
11 M R		AK IN NE SC	IA NV SD	AR KS NII TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FI. Ml OII WV	GA MN OK WI	MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ł.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "6" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this hox and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt\$	<u></u>	s
	Equity\$	10,000	\$ 10,000
	🔀 Common 🔲 Preferred	•	·
	Convertible Securities (including warrants)	<i>D</i>	<u>\$</u>
	Partnership Interests		s <i>O</i>
	Other (Specify)\$	\mathcal{O}	sO
	Total	~	s B
	Answer also in Appendix, Column 3, if filing under ULOE.	(0,000	10,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	, ,	, Aggregate
	•	Number Investors	Dollar Amount of Purchases
	Accredited Investors	e j	s 19,000
	Non-accredited Investors	0	s
	Total (for filings under Rule 504 only)	$-\omega$	S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rute 505		\$
	Regulation A		S
	Rule 504		S
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s NA
	Printing and Engraving Costs		s NA
	Legal Fees.		s_NA
	Accounting Fees		s NA
	Engineering Fees		s NA
	Sales Commissions (specify finders' fees separately)		s NA
	Other Expenses (identify)		s_NA
	Total		s NA

	C. OFFRHING PRICE, NUMBER	OF INVESTORS, EXPENSES AND I SE OF	PROC	EKDS		
	b. Enter the difference between the aggregate offering p and total expenses furnished in response to Part C — Ques proceeds to the issuer."	stion 4.a. This difference is the "adjusted gross	s		s1	0,000
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purcheck the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C—	rpose is not known, furnish an estimate and payments listed must equal the adjusted gross	i			
			(yments to Officers,	Б.	
				rectors, & ffiliates		lyments to Others
	Salaries and fees		\Box S	NA	□\$	NA
	Purchase of real estate					10,000
	Purchase, rental or leasing and installation of machine	ry	_	NYT	_	7
	and equipment				□\$_	NA
	Construction or leasing of plant buildings and facilitie	8	□ S_	NA	<u></u> \$_	NR_
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of issuer pursuant to a merger)	e compiting of another	ПS	NA	□\$	NA
	Repayment of indebtedness			NA	□ \$ _	WA
	Working capital				□ -	NA
	Other (specify):			NA	□ \$_	NA
					☐ \$ <u></u>	
	Column Totals		□ S_		□\$_	<u>C00,001</u>
	Total Payments Listed (column totals added)			\$		-
	j), FEDERAL SIGNATURE				
						• • • • •
	issuer has duly caused this notice to be signed by the undi- nature constitutes an undertaking by the issuer to furnish					
	information furnished by the issuer to any non-accredit				·	
Issi	uer (Print or Type) Sig	gnature	Date		**************************************	
		/ his lan		2/11/	20	
Na	aho Development (Orporation) no of Signer (Print or Type) Tit	le of Signer (Print or Type)				
	David Taugher	Secretary				
		J				

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230,262 presently subject to any of the disqualification Ves No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
Ic	(Print or Type) Signature Date 2/11/05
Vame (Print or Type) Title (Print or Type)
DAV	id Taugher Be Secretary

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		3			4		Disqual		
	to non-acinvestors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOF (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		/					·			
AK		/								
ΑZ		/					:			
AR	· · · · · · · · · · · · · · · · · · ·	/								
CA		/					1.00			
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				APP	ENDIX					
1	Intendation investor	2 If to sell accredited in StateItem ()	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rehased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-(tem 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Ves	No	
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				APP	ENDIX				
Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-(tem 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									